

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020518
STATE FILE NUMBER

318

1003

5684

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 15 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Deaconess

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY
OR
TOWN

Webster Groves, Mo.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

20 N. Maple Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
OttoMiddle
F.Last
Hoemann4. DATE
OF
DEATH

Month

Day

Year

June

5

1962

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/21/81

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction - old and recent

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Congestive heart failure

over 10 yrs.

DUE TO (c)

Arteriosclerotic heart disease

10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

420.0

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1948

to June 5, 1962

and last saw her alive on 6-5-1962

Death occurred at 11:30 p.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H.A. Goodrich (Degree or title)

22b. ADDRESS

19 E. Lockwood
Webster Groves 19, Mo.

22c. DATE SIGNED

6/6/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

6/9/62

23c. NAME OF CEMETERY OR CREMATORY

Ebenezer Lutheran Cem. Port Hudson

23d. LOCATION (City, town, or county)

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich, Webster Groves, Mo.

25. DATE RECD. BY LOCAL REG.

JUN 7 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Whiter Groves Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.